COMMUNICATION

(1) BARRIERS TO COMMUNICATION — HOW THINGS GO WRONG

By Terry Maguire, PhD, MPSNI

This article is the first of two on communication. It aims to give pharmacists an overview of the basic communication skills and to show how various barriers can get in the way of good communication with patients and other health care professionals

Because it is such a familiar part of everyday life we often forget the importance of good communication. Without a doubt, good communication has contributed to the unprecedented quality of life many of us enjoy. By contrast, poor communication contributes to deprivation, social exclusion and much of the misery of modern life. It is that important.

Pharmacists are responsible for ensuring safe and effective use of medicines. In short, we need to do all we can to ensure that patients get the best from their medicines. Part of this means ensuring that other health care professionals (doctors, nurses, dentists and professionals allied to medicine) understand the medicines they work with. Areas of pharmacy practice where good communication is essential are shown in Panel 1.

BASIC COMMUNICATION SKILLS

To communicate effectively we need to understand the processes and skills that make up human communication. The basic skills required are:

- Questioning
- Listening
- Explaining
- Reflecting

BARRIERS TO COMMUNICATION

It is ironic that most of us have an understanding of the basic skills, but so often we fail to put them into practice. Human communication is, of course, complex and therefore it is often difficult to identify our personal deficiencies in this area. Our five senses are constantly bombarded by information. The "noise" created by the sheer amount of information, if we received it all, would make it impossible to derive any sense from our environment. So, not surprisingly, we have developed filters. These filters reduce the "noise" by allowing only important information through. Although they are useful, filters can also block out relevant information and therefore become barriers to good communication.

Dr Maguire owns two community pharmacies in Belfast and is vice-chairman of the Pharmacy Healthcare Scheme. He is a former director of the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training and a past president of the Pharmaceutical Society of Northern Ireland

Barriers to good communication can be spilt into two main groups: physical and emotional (see Panel 2). Physical barriers, such as a speech impediment, poor mental ability, deafness and poor sight, can be easily identified and we make allowances when dealing with such people. Emotional barriers might be less obvious, but failure to take time to understand a situation will lead to a false perception of the issues and could even cause us to censure someone wrongly.

Perceptions and prejudice Perceptions and prejudice can be significant barriers to good communication. Most of us would not wish to admit to it, but we all suffer from having prejudices. The more obvious prejudices such as race, religion and gender are

PANEL 1: AREAS OF PRACTICE WHERE GOOD COMMUNICATION IS ESSENTIAL

Advising patients
Medicines
Minor ailments
Health promotion

Working with staff
Interviewing
Appraising
Training

Working with other health care professionals
Discussing individual patients
Considering rational drug use
Developing practice formularies

Working with health organisations
Selling the role of the pharmacist
Presenting cases for new roles
Effectively participating at meetings

PANEL 2: BARRIERS TO GOOD COMMUNICATION

Physical
Speech difficulties
Deafness
Noisy environment
Poor sight
Poor cognitive skills

Emotional
Perceptions
Prejudice
Fear
Aggression
Threat

seldom an explicit issue in our more open, better educated and tolerant society, and pharmacists harbouring explicit prejudices are, in addition to acting illegally, acting unethically. Subconsciously, however, we may be more guarded, less sympathetic and perhaps less helpful to individuals we dislike or who differ from ourselves. Differences in social class may also present a barrier. It is not easy to be tolerant and sympathetic to someone who is smelly, unkempt or downright rude. To overcome such a barrier is to be truly professional. Remember that such individuals, in their rudeness and aggression, are perhaps only exhibiting the symptoms of people who have not been listened to properly.

A research study in the early 1990s considered the ability of pharmacists to respond to symptoms and in particular, their ability to use questions, although for various reasons this study was never published. The study involved covert visits to pharmacies in Northern Ireland during which actors were used to create two scenarios:

- Scenario 1: A man in his late 60s suffering from an impacted bowel asked to speak to the pharmacist and reported his symptom as constipation. On questioning he divulged additional information which, if the pharmacist was astute enough, would warrant referral to the GP

- Scenario 2: A 35-year old woman suffering from headache asked to speak to the pharmacist and reported her symptoms as "severe" headache. She had been trained to give additional information that confirmed migraine if questioned

The main finding of this research was that too few of the right types of question were being asked by pharmacists or pharmacy staff. A surprise finding was that pharmacists demonstrated significant prejudice towards the elderly man. This was expressed both verbally and non-verbally, involving avoidance measures from simply not attending to the patient (eg, staying in the dispensary) to keeping distance (eg, by turning feet away from the patient to suggest that the interaction would be a short one). Some female pharmacists below the age of 40, were frankly rude and dismissive of the man. The actor, normally a dapper gentleman, reported significant discomfort during these interactions. In this role he was dressed to mimic a man from a lower socioeconomic group; he was stooped and we used make-up to ensure that he conveyed the presence of someone who was pale and unwell. Conversely, male pharmacists were more likely to spend longer with the female actor (who was attractive and vivacious) and to give more advice and to refer to the GP when this was not necessary.

Overcoming barriers Prejudice can also work against pharmacists. If the other health care professions harbour prejudice against us, this will reduce our effectiveness within the primary care team. Therefore it is important that we are equipped to overcome prejudice in order to promote and extend our professional role.

Some years ago I had the opportunity to join a multiprofessional team at a GP practice. The goal was to develop a practice formulary and the project involved a series of meetings at which agreements would be made on the medicines to be included. I was asked to chair the first meeting to discuss antihypertensives. I began the meeting with an overview of the therapeutic class accompanied by an evidence-based proposal on what I felt should be included. The remainder of the meeting was to involve a discussion on what changes should be made to my draft list and to agree a final list. Sadly, two GPs were so overtly aggressive that the meeting was a failure and the antihypertensive list was left to a further meeting. I had failed to appreciate that these GPs viewed my presence as a threat. The objective message and supporting evidence I presented were filtered out by emotional barriers and since I had failed to address these, my objectives for the meeting failed.

Listening is the main skill to resolve such situations. Active listening seeks to hear what the other person is saying, but also to understand what they are feeling. A further meeting was called in which I allowed the concerns of the GPs to be addressed. This allowed them to vent their emotions and gave respect to their concerns without necessarily accepting them. The process required the use of appropriate non-verbal communication, asking open questions and active listening.

Venting our emotions usually means that we calm down, become more rational, see the bigger picture and perhaps, see why we are being naive or narrow-minded. Failure to allow this process to occur presents a huge barrier to good communication.

Empathy Empathy is seeking to understand where other people are coming from — what their wants and needs are. This allows for more productive and constructive dialogue. Empathy is a state of harmony that exists between two people. It is a positive state that encourages better communication and better outcomes. Lack of empathy does just the opposite.

I referred a patient to a GP with a note that her blood glucose should be further investigated. I quoted a random blood glucose of 17.9 mmol/L (measured in the pharmacy), which gave me cause for concern. Rather than being delighted at the idea of teamwork between GPs and pharmacists, the doctor was incensed. He questioned what right I had to interfere with his patients and indeed frighten them unnecessarily with false diagnoses which I had no right to be making.

Although I could simply have said that the GP was being gratuitous, I needed to understand why I received this rebuke. The GP felt he was being admonished for not spotting poor diabetic control in his patient and to his shame, his negligence was being picked up by others. He saw my actions as a personal slight and not wishing to lose face he fought back. The remedy was to ensure that the GP was made aware of the service I was providing and the extent of my involvement (ie, I was not diagnosing diabetes but was merely identifying patients for him to investigate further). Communication of my intentions for better patient care, complementing and respecting his role, would have greatly reduced the likelihood of this unnecessary conflict.

NON-VERBAL COMMUNICATION

In addition to the verbal aspect of communication non-verbal communication is vitally important. Get that wrong and whatever you say may be misheard. It is an oft quoted statistic that the non-verbal message makes up 93 per cent of communication. Facial expression, posture, orientation towards the patient and voice (tone, level and pitch) all add a richness to the message. It is important to realise that where there is a mismatch between non-verbal and verbal messages, the recipient believes the non-verbal message.

Paralanguage is an important part of non-verbal communication. It refers to emphasis placed on a certain word or phrase that has the ability to alter the meaning of a sentence. The way in which words are spoken conveys more of the message than the actual meaning of the words themselves. Take this example of a conversation between a pharmacist and a GP; the pharmacist says: "Ranitidine 300mg was dispensed on a prescription for Mrs Jones in our Bow Street pharmacy on the 19th of November." Consider how paralanguage will alter the message that the sentence is attempting to convey if the words in bold are emphasised:

- "**Ranitidine 300 mg** was dispensed on a prescription for Mrs Jones in our Bow Street pharmacy on the 19th of November" meaning it was ranitidine 300 mg that was dispensed, not ranitidine 150mg or another medicine
- "Ranitidine 300mg was **dispensed on prescription** for Mrs Jones in our Bow Street pharmacy on the 19th of November" meaning it was dispensed, not sold or loaned on emergency supply
- "Ranitidine 300mg was dispensed on a prescription for Mrs Jones in our **Bow Street pharmacy** on the 19th of November" meaning it happened in the Bow Street branch and not another branch

Care must be taken so that the paralanguage we use does not become a barrier to communication. For example, an innocent sentence, in which you are conveying facts, may even be received as a criticism of the person you are communicating with. To quote the familiar maxim: "It's not what you say, it's the way that you say it!" Next week, the second part of this topic will look at how to get communication right.